Increase in price of Vitamin 'A'

2015. SHRI BHUBANESWAR KALITA: Will the Minister of INDUSTRY be pleased to refer to the answer to Unstarred Question 645 given in the Rajya Sabha on the 29th February, 1988 and state:

(a) whether the producers have submitted the break-up for price increase of more than 100 per cent before increasing the price of Vitamin A;

(b) if so, what are the reasons for such a high increase in the price and whether Government have examined the break-up;

(c) if so, what are the details thereof; and

(d) whether it is a fact that Vitamin A is mainly used for the control of blindness which is covered under the National Health Programme?

THE MINISTER OF INDUSTRY (SHRI J. VENGAL RAO): (a) Yes, Sir.

(b) and (c) Reasons for price increase vary. The companies have now agreed to reduce the price on Government intervention.

(d) Vitamin 'A' has not been included in Category-I of Drugs (Prices) Control Order, 1987 as the Ministry of Health and Family Welfare who was asked to identify and recommended the list of drugs to be included in Category-I, had not recommended the same.

Increase in price of ferosolate, etc.

2016. SHRI BHUBANESWAR KALITA: Will the Minister of INDUSTRY be pleased to refer to the answer to Unstarred Question 573 given in the Rajya Sabha on the 29th February, 1988 and state:

(a) the justification of price increase by more than 100 per cent in case of Ferosolate, Dilosyn and Kapilin Injection;

(b) what is the name of drug on which each formulation is based;

(c) whether his Ministry has examined the break-up of increase of price of each of these formulations; and

(d) if so, what are the details thereof?

THE MINISTER OF INDUSTRY (SHRI J. VENGAL RAO): (a), (c) and (d) As per provisions of DPCO, 1987, the manufacturers of non-scheduled formulations are free to revise the prices of their products.

(b) The required details, to the extent available, are given below:

Sl.No.	Name of the Product	Composition
1	Fersolate	Dried Ferrous Sulphate + Copper Sulphate + Mangenese Sulphate
2	Dilosyn Tablets Dilosyn Ext.	Methdilazine + Ammoniumcyhloride + Sodiumcitrate + Menthol
3	Kapilin Inj. . . .	Menaphthone Sodium Bisulphite

Price of Beflavin Tablets

2017. SHRI BHUBANESWAR KALITA: Will the Minister of INDUSTRY be pleased to refer to the answer to Unstarred Question 637 given in the Rajya Sabha on the 29th February, 1988 and state:

(a) what is the justification for price increase of 147 per cent in case of Beflavin Tablets, 166 per cent in case of Benacon Tabs., 151 per cent in case of Arovit drops, 193 per cent in case of Audit Injection, 135 per cent in case of Arovit Tabs, and 109 per cent in case of Cynocobalamine;

(b) whether Government have examined the information furnished by these companies as required by DPCO, 1987 before increasing the prices;

(c) whether Government have found the price increase to be justified; and

(d) when were the earlier prices of these formulations fixed under DPCO, 1979 and what are the specific reasons for price increases of these medicines?

THE MINISTER OF INDUSTRY (SHRI J. VENGAL RAO): (a) to (c) The manufacturers of non-scheduled formulations are free to revise the prices of their products as per provisions of DPCO, 1987.

(d) The prices of the products referred to in the question were fixed/revised under the DPCO, 1979 from time to time.

Study on the problems of coal industry

2018. SHRI J. P. GOYAL: Will the Minister of ENERGY be pleased to state:

(a) whether the Energy Advisory Board has conducted a study on problems of the coal industry;

(b) if so, what are the salient features of the study and the outcome thereof; and

(c) the measures taken to achieve the growth rate of coal required to achieve the needed production by the turn of the century and what targets have been fixed therefor?

THE MINISTER OF STATE IN THE DEPARTMENT OF COAL IN THE MINISTRY OF ENERGY (SHRI C. K. JAFFAR SHARIEF): (a) and (b) Since coal continues to be the single most important indigenous source of energy, the Advisory Board on Energy felt that a competent study of the most pressing problems of this industry would fill a genuine need. Accordingly, such a study was contrusted to Shri K. S. R. Chari, former Secretary, Department of Coal. The report submitted by Shri Chari is being considered by a Sub-Committee of the Advisory Board for examination of the important issues raised therein and making recommendations to facilitate consideration of the report by the full Board. The Board's recommendations would be considered by a Special Committee of Secretaries to facilitate follow-up action. Briefly, the salient features of the report are:-

1. Though production has increased, the objective of nationalisation cannot be said to have been fully achieved.

2. Massive investments in import of technology & equipment have not reduced cost of production.

3. Import of coking coal can and should be avoided by improving the performance of washeries and delinking the suspect sources of supply.

4. Quality base for statistical report should be in terms of standard coal.

5. Concept of DMS should include all inputs instead of manpower alone.

6. Undue emphasis on open cast mining should be avoided.

7. Gradewise price structure needs to be rationalised.

8. Exploration should be demand based and not project based for creating a shelf of projects from which a choice could be made based on least cost options.

9. Getting land, sand for stowing, adequate power, timely supply of equipments, delay in environmental clearance are some of the major problems.

10. In order to achieve the desired production level by the year 2000, the projects need to be planned from today, consideraing the long gestation period.

11. Jharia Reconstruction project should include proper definition of scope for proper utilisation of coals from lower seams.

12. 'Decontrol' of coal has certain positive aspects that may commend its adoption.

13. Board of Directors of Coal India Ltd. needs to be reorganised and subsidiary companies should be freed from interference by holding company. Executives should be permitted extension till the age of 65 years.